

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25693

1. PLACE OF DEATH

County Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City

St. Joseph,

(No. 724 So. 18th. St.)

File No.

Registered No.

817

St.

Ward)

2. FULL NAME

Edward David

(a) Residence, No.

724 So. 18th. St.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 52 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Augusta David

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 9, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

6

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cooper, Swift & Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired, 3 Yrs.

10. Date deceased last worked at this occupation (month and year)

1929

11. Total time (years) spent in this occupation

35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Born tucken,

Germany

MOTHER FATHER

13. NAME

Carl David

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

Germany

17. INFORMANT (ADDRESS)

Mrs. Augusta David

724 So. 18th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Aug. 17, 1933

19. UNDERTAKER (ADDRESS)

Walter Meierhofer
1302 Aaron St. St. Joseph, Mo.

20. FILED

AUG 17 1933

John Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 17, 1933, to Aug. 17, 1933

I last saw him alive on Aug. 17, 1933. Death is said

to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance

no facts

Name of operation

none

Date of

What test confirmed diagnosis?

Ch. test

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner

(Address) 232 Indiana Ave. So. St. Joseph

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